

# Independent Health Complaints Advocacy Service

## Impact & Performance Report

July – September 2025 (Q2)

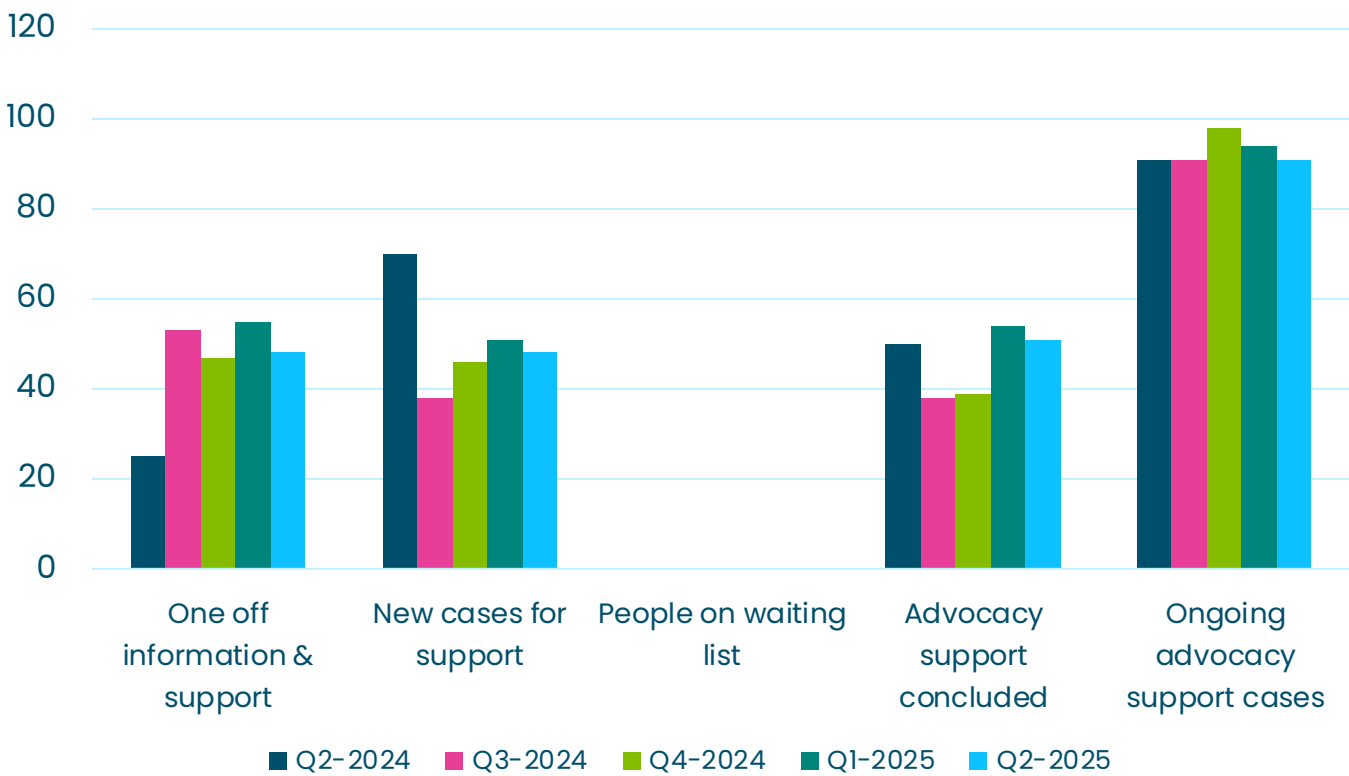
Supporting residents of West Sussex with their NHS Complaints – providing advocacy in the form of listening to the needs of the client and providing a voice for the individual to be heard.



Our service

Quarter 2 2025 data shows that we continue to maintain a high level of ongoing advocacy support. There continues to be a rise in the time it takes a complaint to be opened until it has been concluded. Even a relatively simple complaint taken on today could take around 2 to 3 years before it could reach a conclusion with the Ombudsman.

Advocacy – one year comparison



Last quarter comparison

	Key performance metrics for current and previous quarter	
	Q1	Q2
One off information and advice (Tier 1 Support)	55	62
New cases for support	51	48
People on waiting list	0	0
Advocacy support concluded	54	51
Ongoing advocacy support cases	95	92

## Impact and support for residents this quarter

### Examples of supporting without needing to raise a formal complaint

#### MRI waiting list

A client told IHCAS that he had been placed on a waiting list for an MRI 8 months previously but had yet to have it. IHCAS contacted PALS who confirmed they tried to confirm where on the waiting list the client was.

Unfortunately, they were unable to find out, so the IHCAS advocate escalated the matter to the service manager who investigated and discovered the client had never been put on the waiting list.

The manager expedited the scan which took place a week later. The manager advised that they would investigate why the client had not been placed on the waiting list in the first place so that it would not happen again.

#### Lack of assistance for mental health

A vulnerable client wanted to make a complaint about what they felt was a lack of assistance for their mental health problems.

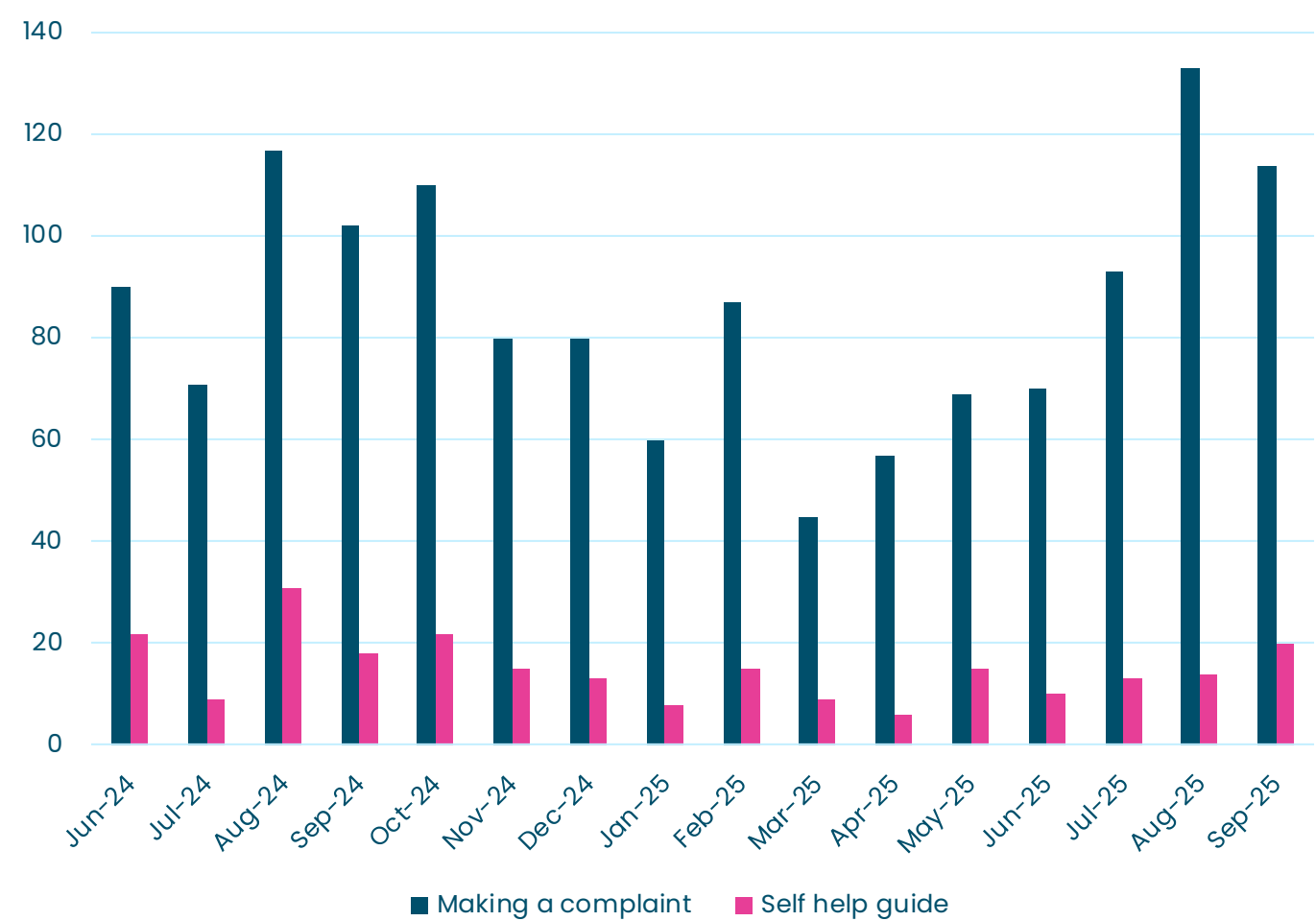
An IHCAS advocate approached the mental health service and arranged a meeting for the client to discuss their care.

The IHCAS advocate helped support the client in voicing their concerns and a plan was agreed to improve care moving forward.





## Website views in the past year



The above data shows the number of people seeking help with making a complaint and although this is variable, the continued access to information on our website demonstrates the importance of having good quality information available to West Sussex residents. In August 2025, there was 133 views on our webpage for people looking for information on how to make an NHS Complaint. This is the highest number of views in comparison to the last year.

## Providing feedback to a complaint team

A complaint was recently submitted to a mental health Trust, and it came to the attention of an IHCAS advocate that the Trust was providing incorrect information to people that would like to access the IHCAS service across Sussex.

The IHCAS service in Sussex works with three different providers and the contact details for one of the providers was incorrect and the contact us details for the IHCAS service in West Sussex was incorrect.

By working with the Trust, the information was corrected and the Trust agreed to review their standard email response.

## Learning from two complaints with an acute hospital trust

### **An IHCAS client request support following the death of her mother.**

The complaint letter was raised following a review of her late mother's medical files. The complaint response letter was received, and it was very upsetting for the client to read as the Trust had typed a date in the letter that would have meant her mother was still alive in 2024 when, in fact, she had passed away in 2022.

The Trust did apologise and a request from a clinical director was made to the complaints team to ensure that all dates are checked on complaint response letters.

The learning from this complaint:

- End of life (EOL) steering group has since been created by the Trust, to ensure that any EOL care concerns and complaints are regularly reviewed and actioned.
- The computer system at the Trust can now monitor EOL care and this was shown to the client at the local resolution meeting which took place to resolve her complaint
- The Trust has now placed doctors that specialise in frailty into A&E 24/7 to monitor new patients, that are frail.

### **An IHCAS client request support following the birth of her son and having a retained placenta.**

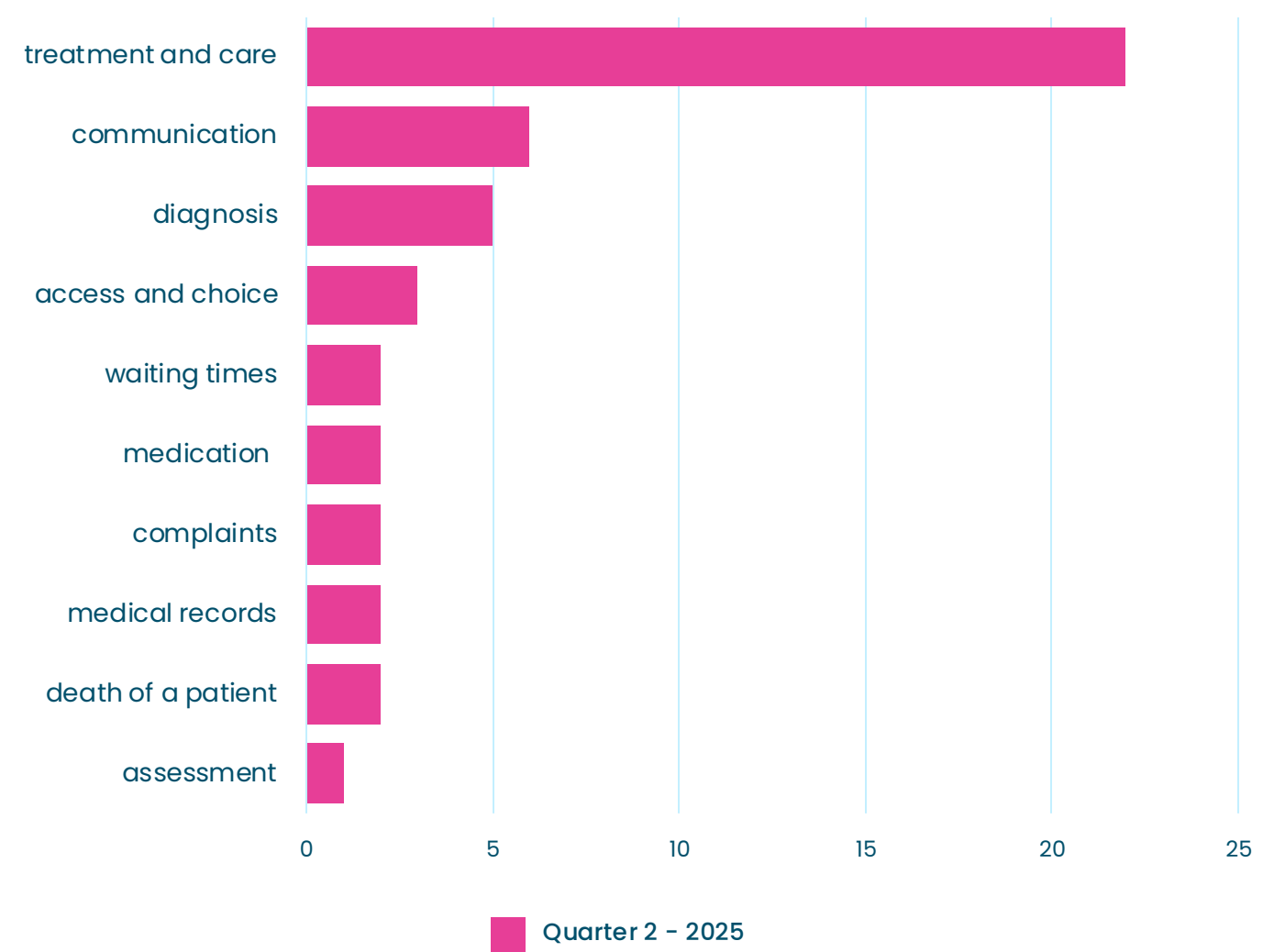
The client approached the IHCAS team for support to raise a complaint. Following the complaint response letter, a local resolution meeting was requested with the Trust.

At the meeting, the client had her voice heard and was able to share with staff from the maternity service the upsetting experience she had had.

The Trust provided the client with new appointments and a scan following the meeting and the learning from the complaint was shared:

- The Trust will now obtain consent to check a placenta on the birthing room floor, as there is a need for a flat service, if no consent, they will leave the room to check the placenta.
- The importance to assess all birthing people for additional analgesia needs before any obstetric procedure (i.e. retained placenta removal).
- The Trust apologised for the distress the IHCAS client had experienced and said 'you should have been made to feel supported, listened to and cared for with compassion at every stage, instead you were left with uncertainty, miscommunication and a lack of sensitivity.'
- Feedback provided will be used to improve the way they work with patients.

## Q2 Complaint Themes



Once again, this quarter, the majority of complaints we received were related to treatment and care.

## Treatment & Care Complaints - examples

- Care provided in A&E and not following the instructions provided on the referral from MSK.
- Quality of care provided on a ward at an acute hospital, including staff not washing their hands.
- Lack of treatment from the sleep clinic at their local acute hospital.

## Case Study – ADHD and Autism Assessments

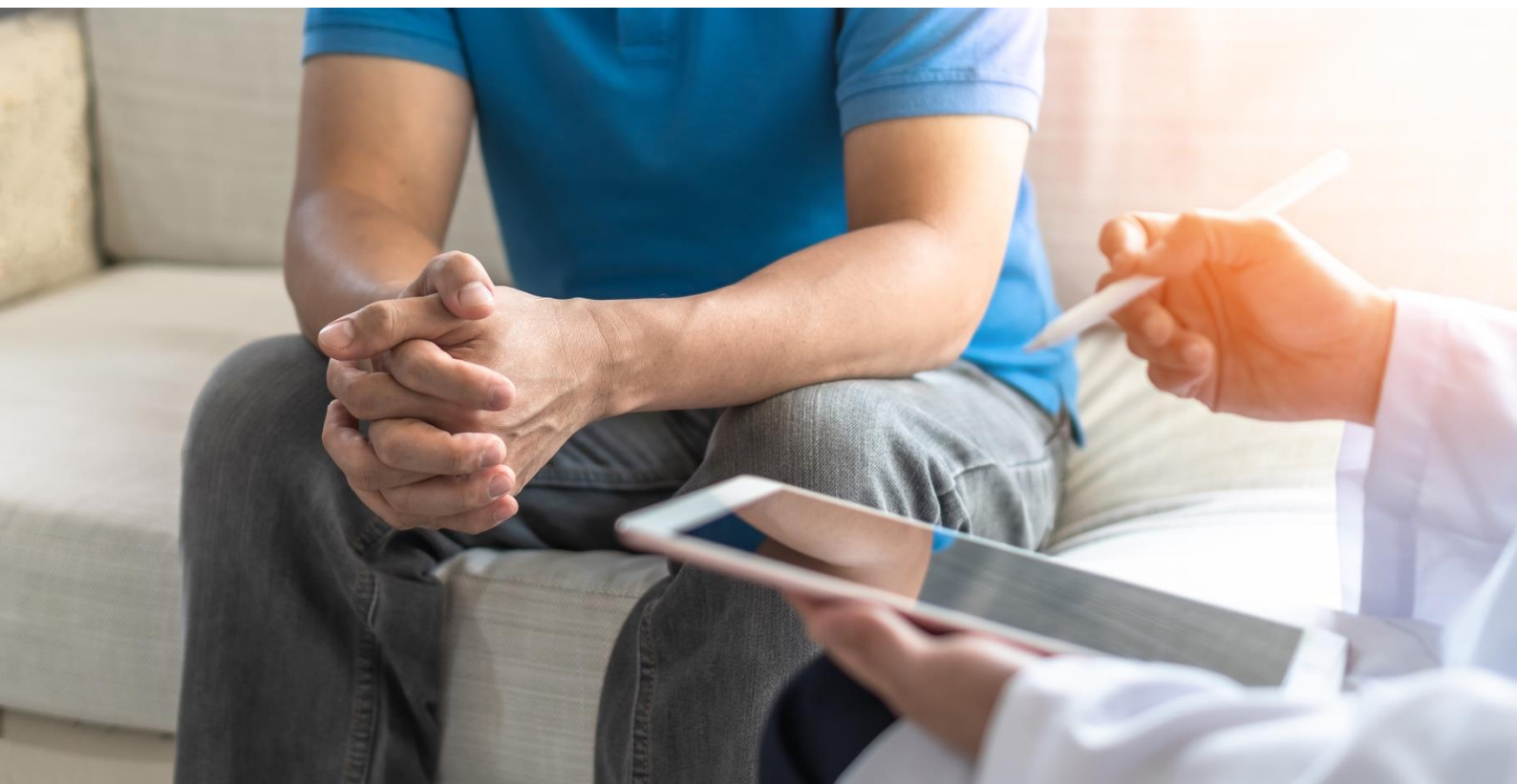
Healthwatch West Sussex has seen an increase in enquiries from parents of children needing ADHD and Autism assessments.

Currently, the wait from initial screening to a full NHS assessment can be up to four years, with an additional year if medication is needed.

In one case, a parent arranged a private assessment for their child, believing it would be accepted by the NHS. However, they were later informed that the NHS Trust would need to review and confirm the private assessment as satisfactory before the child could be prescribed medication or enter a shared care arrangement.

This NHS review would only take place once the child reached the top of the NHS waiting list. If medication was then required, the family would face a further wait to reach the top of the medication waiting list, potentially adding another 12 months.

After reviewing the information available to families in this position, we liaised with the Trust, who agreed that clearer guidance should be made available to parents considering private assessments for ADHD or Autism.





## Feedback from people we have supported

- As always, thank you so very much for your help and insight. I really appreciate it, and I am consistently thankful that you are my advocate.
- Thank you very much as always for your valuable advice and assistance.
- Thank you for your time on the phone earlier today. The information you gave me and how you explained it was really helpful.
- I can say that without having met you and the work we have done on my case I would not have felt anywhere near as confident advocating for myself in this regard, so thank you very much.
- Thank you so very much for all of your help and support. I know I've said it on numerous occasions, but I absolutely cannot have done this without you.
- I could not have got this far without the support of Healthwatch and your personal professional guidance. Thank you again.





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provide its statutory activities